

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3	1					
4	1					
5	1					
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7	1					
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45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	1		1		1	
TOTAL DEP.	1		1		1	
TOTAL CLAIMS	2		2		2	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53	1					
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100		1				
TOTAL IND.	1		1		1	
TOTAL DEP.	1		1		1	
TOTAL CLAIMS	2		2		2	

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	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
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48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						